

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: ASBESTOS PRODUCTS LIABILITY
LITIGATION (NO. VI)

This Document Relates To:

Cases from the law firm of Cascino Vaughan Law
Offices, Ltd.

U.S. DISTRICT COURT FOR THE WESTERN
DISTRICT OF WISCONSIN
Suoja v. Owens-Illinois, et al., Case No. 99-0475

Civil Action No. MDL 875

MOTION TO APPOINT SPECIAL ADMINISTRATOR

NOW COMES Gary Suoja, by and through her/his attorneys, CASCINO VAUGHAN
LAW OFFICES, LTD. and pursuant to Rule 25 (a) of the Federal Rules of Civil Procedure, moves
this Honorable Court to enter an order to appoint her/him Special Administrator on behalf of
Oswald F Suoja, deceased, to litigate the above-captioned matter, and to change the above caption
to reflect the same, and, in support thereof, states as follows:

1. Plaintiff, Oswald F Suoja, died on 12/29/1996, pursuant to State of Wisconsin

Medical Death Certificate attached hereto.

2. Gary Suoja is the son of Oswald F Suoja.

WHEREFORE, Gary Suoja, moves this Honorable Court to enter an order appointing
him/her Special Administrator for the purpose of litigating this cause, and changing the caption to
read: Gary Suoja, individually and as special administrator of the estate of Oswald F Suoja,
deceased, Plaintiff v. Owens-Illinois, et. al., Defendants.

Respectfully submitted,

By: s/ Michael P. Cascino

One of Plaintiff's Attorneys

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DOUGLAS COUNTY REGISTER OF DEEDS

State of Wisconsin - County of Douglas

This is to certify that this document is a true and correct reproduction of the record filed in the Register of Deeds Office, Douglas County, Wisconsin.

Without the raised seal this is an unsealed copy. It is illegal to copy this record unless specifically authorized by law.

JAN 14 1997

Date

Kathy J. Hansen

Register of Deeds

Deputy, Register of Deeds

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

DOH 5040 Rev 1/97
Chap. 69, Wis. Stats.

LOCAL FILE NUMBER 400

1. DECEDENT'S NAME		2. SEX	3. SOC. SEC. NUMBER OF DECEDENT	4a. PRONOUNCED DEAD DATE	4b. HOUR	5. BODY FOUND				
Oswald	F	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> 3647	Dec. 29, 1996	11:12 AM	<input type="checkbox"/> Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N 24 hours after death				
6a. AGE AT DEATH 6b. DEATH DATE 6c. DEATH TIME 6d. DEATH PLACE		7. DATE OF BIRTH Mo. Day. Year	8. COUNTY OF DEATH City, Village, Township, Township IP	9. DEATH OCCURRED INSIDE City, Village, Township, Townships IP		10. OTHER PLACE City, Village, Township				
73		1923	Douglas	Superior		11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not in Hospital or Nursing Home give street address.)	11b. NURSING HOME LICENSE NO.	12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
13a. RESIDENCE STATE		13b. RESIDENCE - COUNTY	13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP	13d. (CHECK ONE) City <input type="checkbox"/> Vill <input checked="" type="checkbox"/> Township <input type="checkbox"/> IP	14a. NUMBER, STREET	14b. ZIP CODE				
Wisconsin		Douglas	Superior	14c. (CHECK ONE) City <input type="checkbox"/> Vill <input checked="" type="checkbox"/> Township <input type="checkbox"/> IP	1902 Maryland Avenue	54880				
15. STATE OF BIRTH (Country if not in U.S.)		16. FATHER'S NAME	17. MOTHER'S NAME	18. RACE (e.g. White, Black, Am. Indian, etc.)			19. HISPANIC ORIGIN (Specify Cuban, Mexican, etc.)	20a. OCCUPATION (Do not enter "Retired")	20b. KIND OF BUSINESS/INDUSTRY	
Minnesota		Berman	Suoja	White				Asbestos Worker	HEAT and FROST INSULATORS	
21. EDUCATION HIGHEST ATTAINED		22. DECEDENT EVER IN U.S. ARMY FORCES?	23. SURVIVING SPOUSE (If wife, give both surname, not married surname) (First, Middle, Last)	24a. INFORMANT'S NAME			24b. MAILING ADDRESS	City/Village	State	ZIP
12		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Delores Dalbec	Delores Suoja			1902 Maryland Avenue	Superior	Wisconsin	54880
25. METHOD OF DISPOSITION		26. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place)	27. LOCATION City/Village/Township, State	28. DATE OF DEATH (Mo. Day, Yr)			29. MANNER OF DEATH	30. DATE OF INJURY (Mo. Day, Yr)	31. PLACE OF INJURY (Home, Street, Farm, etc.)	32. DATE RECEIVED FROM MED CERT
Burial		Greenwood Cemetery	Superior, WI.	Dec. 29, 1996			<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Unde <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	December 30, 1996	Specify	1-6-1997
33. FUNERAL SERVICE LICENSEE (or person acting as such)		34. DATE SIGNED (Mo. Day, Yr)	35. WI. PHYSICIAN LICENSE NO.	36. REGISTRAR SIGNATURE			37. DATE RECEIVED AT PROSTRA (Mo. Day, Yr)	38. DATE OF INJURY (Mo. Day, Yr)	39. DATE OF DEATH (Mo. Day, Yr)	40. HOUR OF INJURY
Betty Smith, DME		1-6-1997	000016	<i>Kathy J. Hansen</i>			January 13, 1997			
38. MEDICAL CERTIFYING PHYSICIAN & TITLE (Block Init)		39. MEDICAL CERTIFYING PHYSICIAN & TITLE (Block Init)	40. MEDICAL CERTIFYING PHYSICIAN & TITLE (Block Init)	41. PLACE OF INJURY (Home, Street, Farm, etc.)			42. INJURY AT WORK? Specify	43. COUNTY	44. REGISTRAR SIGNATURE	45. DATE RECEIVED AT PROSTRA (Mo. Day, Yr)
Betty Smith, DME										
46. PART I. Enter the 3 causes, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or brain injury. List only one cause of death on each line. Do not list old age or senility as sole cause.		47. IF INJURY, DESCRIBE HOW INJURY OCCURRED			48. INTERVAL BETWEEN ONSET AND DEATH		49. PART II. Other significant conditions contributing to death but not resulting in underlying cause given in Part I			
(Final disease or condition resulting in death)					Months		Diabetes/Type 1			
50. SUBSEQUENT/1st conditions if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST, (Disease or injury that resulted events resulting in death)					Years					
(a) Mesothelioma (DUE TO OR AS A CONSEQUENCE OF)										
(b) Asbestos Exposure (DUE TO OR AS A CONSEQUENCE OF)										
(c) (DUE TO OR AS A CONSEQUENCE OF)										
(d) (DUE TO OR AS A CONSEQUENCE OF)										
51. ACCIDENT C.O.D.		52. ACCIDENT CODING								

CERTIFICATE OF SERVICE
FOR CASE NO. 99-0475

I hereby certify that on November 17, 2008, I sent for filing with the Clerk of the United States District Court for the Eastern District of Pennsylvania, and electronically filed the foregoing with the United States District Court for the Western District of Wisconsin using the CM/ECF system which will send notification of such filing to the following:

Matthew J. Fischer
mfischer@schiffhardin.com

and I mailed by United States Postal Service copies to the following non-CM/ECF participants:

Robert H. Riley
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CHICAGO, IL 60606

s/ Michael P. Cascino

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